1-800-325-8506

		E/OFFICEHOLDER N FINANCE REPOR	T CHARLET SALERK	FORM C/OH MOVER SHEET PG 1
	e C/OH INSTRUCTION s form.	GUIDE explains how to complet	1 ACCOUNT#00051464 (Eurica Commission file(s))	70 Total pages filed:
3	CANDIDATE / OFFICEHOLDER	TITLE FIRST.	MI	OFFICE USE ONLY
	NAME	NICKNAME LAST KIKE MANLIN	SUFFIX	Date Received
4	CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	ADDRESS / PO BOX; APT/SUITE#; 8327 STATON SAN ANTONIO TX 78224	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
5	CAMPAIGN TREASURER NAME	TITLE FIRST LTC (RET) Tommire	MI	Receipt # Amount
		NICKNAME LAST MALOWE	SUFFIX	Date Processed Date Imaged
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	2202 Cypness Pearl	/SUITE#; CITY; STATE;	ZIP CODE
7	CAMPAIGN TREASURER PHONE	area code Phone number (210) 494-0878	EXTENSION	
8	REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9	PERIOD COVERED	Month Day Year TI 05 / 20 / 200)	HROUGH 06 /30	
10	ELECTION	Month Day Year ELECTION DATE ELECTION DATE Pri	IN TYPE Imary Runoff	General Special
11	OFFICE	OFFICE HELD (If any) City Council	12 OFFICE SOUGHT (if know	rn)
13	NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign Candidates are required to disclose this informa Name		
	additional pages	Address / PO Box; Apt. / Suite #; City; Stat	e; Zip Code	
		GO 1	TO PAGE 2	

Austin, Texas 78711-2070

CANDIDAT SUPPORT		SEHOLDER REPORT:	FORM C/OH OVER SHEET PG 2		
14 C/OH NAME	AAAAAA AAAA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CCCUNT #(Ethics Commission filers)		
16 NOTICE FROM POLITICAL	may have been mad	tice of political expenditures by political committees to support the candidate / e without the candidate's or officeholder's knowledge or consent. Candidates a if they receive notice of such expenditures.	officeholder. These expenditures nd officeholders are required to report		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
☐ additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
addπonai pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE ACTIVITY		no reportable activity occurred during this reporting period. (Sign affidavit below an	nd submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED				
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 18, 43					
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 56.94		
	4. TOTAI	POLITICAL EXPENDITURES	\$11,663.08		
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscri	Sworn to and subscribed before me, by the said <u>Ennaul</u> Mahn, this the <u>Idh</u> day of <u>July</u> , 20_0/_, to certify which, witness my hand and seal of office.				
Mulinda Signature of officer as	dministering oath	Mclinula S. lept 1 Printed name of officer administering oath Title of	Jany forficer/administering oath		

Texas Ethics Con	nmission P.O. Box 12070 Austin	, Texas 78711-2070) (512) 463	3-5800 1-800-325-8506
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS OF ANY ANTONIO (FOR FORMS CIOH, CIOH-SS, SC-CIOH, SC-SPAC, SPAC, & SPAC-SS)				
The Instruction	N Guide explains how to complete this form.	i WLib Pu	:12 Toptal pages this s	Schedule A1:
2 FILER NAME	· , .		3 ACCOUNT # (Eth	
Chrique	Monten		0005	1464
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
00/0/1201	Rav L Prado		28.35	PCT Lists
05/9/2001	6 Contributor address; City; State; Zip Code 215 Mc Lavsh hir San Awtowio TX 78211			• • •
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/14/2001	Contributor address; City; State; Zip Code		34.00	USPS Postage
03/14/2001	215 McLaushlin	70271		
Drive size of the same	Sun Autorio TX	「多とし Employer (Option	ol)	
Principal occuj	pation (Optional)	стірюує (ориот		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Ray (Prach		, ,	office supplies, food,
06/20/2001	Contributor address; City; State; Zip Code		3	Beverge, Gas
·	215 McCaughlin SAN AN HON'S TX 78	8211		_
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	DAvid L Earl		5,000	
05/23/2001	Contributor address; City; State; Zip Code	<i>C</i>	·	
	111 Soledad SAT TX 7820.	>		
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor Out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Robert Beltram		300.00	
05/23/2001	Contributor address; City; State; Zip Code 1639 E. Hishland SAT TX 78	3210		
Principal occu	pation (Optional)	Employer (Option	al)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Con	nmission P.O. Box 12070 Austin	, Texas 78711-207	0 (512) 463	3-5800 1-800-325-850		
· -	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S	(FOR FORI	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)		
The Instruction	N Guide explains how to complete this form.	W F ÷	1 Total pages lbis	schedule A1:		
2 FILER NAME	1.	Z80i .	3 4000 NT# 611	<u>4</u> 1		
CNRIGH	Martin					
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
05/24/2001	6 Contributor address; City; State; Zip Code 310 5+. MANY'S #2500 5AT T	x 78205		 		
9 Principal occu	l pation (Optional)	10 Employer (Option	nal)			
D-4-	Full name of contributor		Amount of	In-kind contribution		
Date	Full name of contributorout-of-state PAC (ID# MURRAY L Johnson		contribution (\$)	description (if applicable)		
05/24/2001	Contributor address; City; State; Zip Code 306 Kennedy SAT TX 7820	ร	150.52	! 		
		Employer (Option				
Principal occu	pation (Optional)	Employer (Option	iai)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/24/2001	John B. 2 Mchey Contributor address; City; State; Zip Code P. D. Box 240130 SAT TX 78224					
Principal occu	l pation (Optional)	Employer (Option	nai)			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution		
	David Zachay		contribution (\$)	description (if applicable)		
0.010.61	Contributor address; City; State; Zip Code		150.00			
05/24/2001	P.O. BOX 240130 SAT 782	24	750.			
Principal occu	pation (Optional)	Employer (Option	nal)	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/24/2001	Contributor address; City; State; Zip Code 832 Eventide SAT 7820	។	15D. 🛎	 		
Principal occu	pation (Optional)	Employer (Option	nal)			
	ATTACH ADDITIONAL COPIE	S OF THIS FORM	AS NEEDED			

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	s 077	SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)	
The instruction	N Guide explains how to complete this form.		1 Total pages this 3 ACCOUNT # (Eth	Schedule A1:
2 FILER NAME			3 ACCOUNT # (Eth	its Commission filers)
ENRIQUE	martin		000519	164
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Karen L Vasquez		250.00	
06/09/201	Karew L Vasque Z 6 Contributor address; City; State; Zip Code 300 Concord plaza SAT 78	2216		
9 Principal occu	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Minul A. Vague Z		contribution (\$)	description (if applicable)
0. 1.0 12.001	Miguel A. Vague Z. Contributor address; City; State; Zip Code		250.00	
CL /09/2001	9210 Autumo Leaf SAT 782	217		
Principal occu	 pation (Optional)	Employer (Optional)		
Date	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
06/09/2001	Contributor address; City; State; Zip Code	TX 78701	570.∞	
Principal occu	pation (Optional)	Employer (Optional)		
Date	Full name of contributorout-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/09/2001	Contributor address; City; State; Zip Code P.O.BOX 310330 New Braunfels	, Tx 78131	150.€	
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	C. Edward BANON III		` '	` ` ` ' ' ' ' ' ' ' ' ' ' ' '
06/09/2001	C. Edward Barrow III Contributor address; City; State; Zip Code 5150 N. Loop 1604 W SAT	78249	500.00	
Principal occu	pation (Optional)	Employer (Option	i al)	<u> </u>
if contr	ATTACH ADDITIONAL COPIE			ing requirements.

SCHEDIII E A1

OTHER THAN PLEDGES OR LOANS			(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)	
The Instruction	Guide explains how to complete this form.	CHY OF S	a Antal pages this s	chedule A1:
FILER NAME	martin	2001 July 3 ACCOUNT# (Ethics Commission filers)		
1 Date	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	pation (Optional)	10 Employer (Option	al)	
Date 196 12 2 00	Full name of contributor out-of-state PAC (ID#_ Frank Sepvlveda Contributor address; City; State; Zip Code 211 Mecca DR. SAT 76		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#_Ralph) fernancle Z Contributor address; City; State; Zip Code 1902 5 / HACK berry SAT	78210	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	bation (Optional)	Employer (Optional)		
Date 06/12/2001	Full name of contributorout-of-state PAC (ID#	STE 270	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	nal)	
Date 06/12/2001	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	201 W POPLAR SAT 7	821Z Employer (Option	nai)	<u> </u>
If contr	ATTACH ADDITIONAL COPIE			ing requirements.

PLEDGED	CONTRIBUTIONS	on Salah	(FOR FORMS CION.	SCHEDULE B1 SC-C/OH, SC-SPAC, & SPAC)
The Instruction	Guide explains how to complete this form.	2001 JUL 1	1 Total pages this	Schedule B1:
2 FILER NAME			3 ACCOUNT # (Et	nics Commission filers)
Enrigu	Martin		00051	t 6 Y
	L OF UNITEMIZED PLEDGES: □ □	# #	ಭ ರ	\$
5 Date (6 Full name of pledgorout-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
ŀ	7 Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	0	
10 Principal occupa	tion (optional)	11 Employer (optional	al)	
Date	Full name of pledgorout-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	,	D	(ii applicatio)
Principal occupa	tion (optional)	Employer (option:	al)	L
Date .	Full name of pledgorout-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupa	tion (optional)	Employer (option	al)	
Date .	Full name of pledgorout-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupa	tion (optional)	Employer (option	al)	L
Date .	Full name of pledgorout-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupa	tion (optional)	Employer (option	al)	<u> </u>
If contrib	ATTACH ADDITIONAL COPIE outor is out-of-state PAC, please see instru			ing requirements.

POLITIC	CAL EXPENDITURES	· · · · · · · · · · · · · · · · · · ·	SCHEDULE F
		CHA CA CA SVIDON TO CHANGE OF THE COMPANY TO CHANGE OF THE COMPANY	10
The Instruction	N GUIDE explains how to complete this form.	1 Total pages 2081 351 15 戸は: 2	
2 FILER NAME	4 •	3 ACCOUNT	# (Ethics Commission filers)
Enrique	manten	0005	1464
05 / 20/200 \	5 Payeename Augustim Beltran		7 Amount (\$) りせっ.° "
	6 Payee address; City; State; Zip Code Saw Awtoniu TX		
	San Antonio 1x		
required.)	rment (See instructions regarding type of information	9 •• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
Date	Payee name		Amount
	Postmaster		102.00
05/20/2001	Payee address; City; State; Zip Code		,,,,
	San Antonio TX		
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure Condidate / Officebolder name	
	Postage	Candidate / Officeholder name	Office sought Office held
Date	Payee name		Amount
	mungin Printers		1,390.21
05/22/2001	Payee address; City; State; Zip Code		1,510.
	San Autorio TX		
	ment (See instructions regarding type of information	· Complete if direct expenditure	to benefit C/OH ••
required.)	rinting	Candidate / Officeholder name	Office sought Office held
Date	Payee name		Amount
05/26/2001	El Rancho Grocery Payee address; City; State; Zip Code		50.31
	San Antonico TX		
required.)	ment (See instructions regarding type of information Refreshments	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	

POLITICAL EXPENDITURES	SCHEDULE F
	CHY SESAN ANTONIO
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILERNAME Enrique Martin	2001 JU 16 D L: 29 3 ACCOUNT# (Ethics Commission filers) 00051464
5 Payee name 5 Sals BBQ	7 Amount (\$) 80.40
05/26/2001 6 Payee address; City; State; Zip Code	
San Antonio TX	
8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Date Payee name Diamond Shamrock	Amount (\$)
Payee address; City; State; Zip Code	39.B1
Sun Antonio TX	
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name
Refreshments	
Date Payee name	Amount (\$)
U-SAFE CAT Rental 05/28/2001 Payee address; City; State; Zip Code	
San Autonico TX	
Purpose of payment (See instructions regarding type of information required.) (as lentals	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name	Amount (\$)
John Lambert 05/28/2001 Payee address; City; State; Zip Code	
Somewet TX	
Purpose of payment (See instructions regarding type of information required.) 5 - pp = 6 + Sanuces	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED

POLITIC	CAL EXPENDITURES			CHEDULE F
		0 .7	Aleroi	110
The Instruction	N GUIDE explains how to complete this form.	2001	1 Total pages Schedul	e F:
2 FILER NAME	•		3 ACCOUNT# (Ethics	
Enrique	Martin		00051466	f
4 Date	5 Payee name		7	Amount (\$)
	Tom isawiels			633.00
05/28/2001	6 Payee address; City; State; Zip Code			2 - 3
3,00,	San Antonio TX			
	ment (See instructions regarding type of information	· ·	irect expenditure to benef	
required.)	nsulting Services	Candidate / Officeholder i	name Office sou	ght Office held
	nsulfing solutions			
				Amount
Date	Payee name Bros. Printing			(\$)
				241.27
05/28/2001	Payee address; City; State; Zip Code			
	San Antonio TX			
	ment (See instructions regarding type of information		irect expenditure to benef	
required.)	- shirts	Candidate / Officeholder	name Office sou	ght Office held
Date	Payee name			Amount
	Monica Contierrez			(\$)
05/28/2001	Payee address; City; State; Zip Code			Ĩ,140.°°
	San Antonio TX			
	rment (See instructions regarding type of information		irect expenditure to benef	
required.)	apport Services	Candidate / Officeholder	name Office sou	ght Office held
	• •			
	T			
Date	Augustima Beltran			Amount (\$)
	r · · · · · · · · · · · · · · · · · · ·			576.00
05/28/01	Payee address; City; State; Zip Code			
	San Antonio TX			
Purpose of pay required.)	ment (See instructions regarding type of information		irect expenditure to benef	
	apport Services	Candidate / Officeholder	name Office sou	ght Office held
	11.			
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	NEEDED	

POLITIO	CAL EXPENDITURES	1116 E.I CHT / 67 694 1199 C	ZED LANTONIO LERK	SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.	2001 JUL 15	1 Total pages Sc	hedule F:
2 FILER NAME	e martin			Ethics Commission filers)
4 Date	5 Payee name Patricia flores 6 Payee address; City; State; Zip Code San Antonia TX			Amount (\$) 5`34 .
required.)	ment (See instructions regarding type of information	9 •• Complete if di Candidate / Officeholder r	rect expenditure to l name Offic	benefit C/OH •• ce sought Office held
Date 05/29/200 (Payee name Allew Flores Payee address; City; State; Zip Code San Antowio TX			Amount (\$) 200.
Purpose of payment (See instructions regarding type of information required.) 5 port 5-envices		•• Complete if di Candidate / Officeholder r	rect expenditure to name Offi	benefit C/OH •• ce sought Office held
Date 05-129/ 2001	Payee name TAqueria Julisco Payee address; City; State; Zip Code San Antoniu TX			Amount (\$) 17.15
required.)	nment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r	rect expenditure to name Offi	benefit C/OH •• ce sought Office held
Date 05/29/2001	Payee name Uncle Bob's 5 totage Payee address; City; State; Zip Code San Antonio TX		. ,	Amount (\$) 242.
required.)	rment (See instructions regarding type of information てってみらく	•• Complete if di Candidate / Officeholder s	rect expenditure to name Offi	benefit C/OH •• ce sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	IEEDED	

POLITICAL EXPENDITURES	SCHEDULE F		
Ci T	TAREAN ANTONIO		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:		
2 FILERNAME Enrique Martin	3 ACCOUNT # (Ethics Commission filers) 00051464		
4 Date 5 Payee name / Henry Avila 05/29/2001 6 Payee address; City; State; Zip Code Sun Antonio TX	7 Amount (\$) 350. ***		
8 Purpose of payment (See instructions regarding type of information required.) Support Services	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held		
Date Payee name MARK Wart 5 05/29/2001 Payee address; City; State; Zip Code San Antonio TX	Amount (\$)		
Purpose of payment (See instructions regarding type of information required.) Security	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held		
Date Payee name Shamow Swead 05/29/2001 Payee address; City; State; Zip Code San Antonio TX	Amount (\$)		
Purpose of payment (See instructions regarding type of information required.) Syguation Services	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date Payee name South Western Bell D6/02/2001 Payee address; City; State; Zip Code Sun Antonio	Amount (\$)		
Purpose of payment (See instructions regarding type of information required.) HG Phome Bill	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITIC	AL EXPENDITURES			SCHEDULE F
		CHANGE CARL ANTONIO		
The Instruction	Guide explains how to complete this form.	2001 391 14	1 Total pages Sci	
2 FILER NAME ENRIGH	Martin		3 ACCOUNT# (E	Ethics Commission filers)
4 Date	5 Payee name Sylvia fasont			Amount (\$) 95 ⁻ .
1	Plumbing fix to re	9 •• Complete if di Candidate / Officeholder r	irect expenditure to b name Offic	enefit C/OH •• e sought Office held
Date 06/03/2001	Payee name Cynthin Lagre Payee address; City; State; Zip Code San Antowio TX			Amount (\$) 315. 72
required.)	nent (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r	irect expenditure to b name Offic	penefit C/OH •• e sought Office held
Date 06/04/2001	Payee name MARINA LOPE Z Payee address; City; State; Zip Code San Awtonio TX			Amount (\$) 72.
required.)	nent (See instructions regarding type of information	•• Complete if di Candidate / Officeholder i	irect expenditure to t name Offic	penefit C/OH •• pe sought Office held
Date 06/04/2001	Payee name Setsiu Suarcz Payee address; City; State; Zip Code Sun Antowio TX			Amount (\$) 144. ^{9 ©}
required)	ent (See instructions regarding type of information	•• Complete if di Candidate / Officeholder i	irect expenditure to t name Offic	penefit C/OH •• pe sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	1EEDED	

Texas Ethics Com	mission P.O. Box 12070	Austin, Texas	78711-2070	(512) 463-	5800 1-800-325-8506
POLITIC	AL EXPENDITUR	ES	CHTY COME AND AND AND AND	, Доні о	SCHEDULE F
The Instruction	Guide explains how to complete	this form.	2001 88 lb P	1 Total pages Sch	nedule F:
2 FILERNAME ENRIGH	Mantin 5 Payee name		Ecc	3 ACCOUNT# (E	thics Commission filers)
4 Date 06/05-/2001	Augustime 6 Payee address; City;	Beltrum State; Zip Code			Amount (\$) $180.$
required.)	ment (See instructions regarding type for Sewices	e of information	9 •• Complete if di Candidate / Officeholder i	irect expenditure to b name Offic	enefit C/OH •• e sought Office held
Date 06/18/2001	Payee name STeven Ada Payee address; City; Sun Antonio	State; Zip Code			Amount (\$) 250.
required.)	ment (See instructions regarding typ	e of information	•• Complete if d Candidate / Officeholder	irect expenditure to b name Offic	nenefit C/OH •• e sought Office held
Date 06/20/2001	Payee name John Delsa Payee address; City; San Antonic	State; Zip Code			Amount (\$) 107 . 55
required.)	ment (See instructions regarding type in bursement	e of information	•• Complete if d Candidate / Officeholder	irect expenditure to b name Office	penefit C/OH •• re sought Office held
Date 06 06 200	Payee name 6 AR2A'S 6 10 Payee address; City; San Antonio	State; Zip Code			Amount (\$) 2,500."
required.)	ment (See instructions regarding typ J, Beverage, Supp	. •	•• Complete if d Candidate / Officeholder	irect expenditure to b name Offic	penefit C/OH •• pe sought Office held
	ATTACH ADD	ITIONAL COPIE	S OF THIS FORM AS N	NEEDED	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political

contributions intended

		NT FROM POLITICAL CONT JSINESS OF C/OH	RIBUTIONS	EWED	SCHEDULE H
TI	he Instruction	GUIDE explains how to complete this form.	CIT:	1 Total pages Sched	lule H:
0 5	U == 0 14 14 E		2001 80	3 ACCOUNT 2 (Ethi	or Commission filers)
2 FI	ILER NAME WRIQU		2001 JUL 1	00051	
4	Date	5 Business name		`	7 Amount
					(\$)
		6 Business address; City; State; Zip Code			-
	urpose of payr quired.)	ment (See instructions regarding type of information	9 ·· Complete Candidate / Officeho	e if direct expenditure to	o benefit C/OH •• ffice sought Office held
	Date	Business name			Amount (\$)
		Business address; City; State; Zip Code			0
Pt	urpose of pay	ment (See instructions regarding type of information	** Complet	e if direct expenditure to	a benefit C/OH ↔
	quired.)		Candidate / Officeho		Office held
	Date	Business name			Amount (\$)
		Business address; City; State; Zip Code			-0
	urpose of payi quired.)	ment (See instructions regarding type of information	•• Complet Candidate / Officeho	le if direct expenditure to older name O	o benefit C/OH •• ffice sought Office held
	Date	Business name			Amount (\$)
		Business address; City; State; Zip Code			0
	urpose of payi quired.)	ment (See instructions regarding type of information	•• Complet Candidate / Officeho	le if direct expenditure to	o benefit C/OH •• Iffice sought Office held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM	AS NEEDED	······································

		LITICAL EXPENDITURES	SCHEDULE
ı	MADE F	ROM POLITICAL CONTRIBUTIONS	ALI CHARLED SECONDANTONIO
Т	he Instruction	Guide explains how to complete this form.	1 Total pages Schedule I:
2 F	FILER NAME	2001	3 ACCOUNT# (Ethics Complission filers)
		u martin	00051464
4	Date	5 Payee name	8 Amount (\$)
		6 Payee address; City; State; Zip Code	
		7 Purpose of expenditure (See instructions regarding type of information requ	uired.)
	Date	Payee name	Amount (\$)
		Payee address; City; State; Zip Code	
		Purpose of expenditure (See instructions regarding type of information req	uired.)
	Date	Payee name	Amount (\$)
		Payee address; City; State; Zip Code	
		Purpose of expenditure (See instructions regarding type of information req	uired.)
		Fulpose the experimental content of the second content of the seco	
			Amount
	Date	Payee name	(\$)
		Payee address; City; State; Zip Code	
		Purpose of expenditure (See instructions regarding type of information red	uired.)
	Date	Payee name	Amount
		Payee address; City; State; Zip Code	
			0
		Purpose of expenditure (See instructions regarding type of information rec	quired.)
		ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED

CANDIDATE / CAMPAIGN F	FORM C/OH					
The C/OH Instruction G	UIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages this report: 1/21			
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST	MI	OFFICE USE ONLY			
NAME 4 CANDIDATE /	Enrique NICKNAME LAST Kike Martin ADDRESS / PO BOX; APT / SUITE #; CO	SUFFIX SITY; STATE; ZIP CODE	Date Received			
OFFICEHOLDER ADDRESS	8327 Staton Dr.	,	Date Hand-delivered or Date Postmarked			
Change of Address 5 CAMPAIGN	San Antonio TX 78224	M	Date Hand-delivered of Date Positinaried			
TREASURER NAME	LTC (Ret) Tommie		Receipt # Amount			
	NICKNAME LAST	SUFFIX	Date Processed			
	Malone	Date Imaged				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI 2202 Cypress Pearl San Antonio TX 78232	TE#; CITY; STATE;	ZIP CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION				
8 REPORT TYPE	January 15 30th day before election July 15 8th day before election	X Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year THRO	Month Day	Year			
0012.125	04/26/2001	05/19/20	01			
10 ELECTION	Month Day Year ELECTION TY 05/29/2001		General Special			
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)				
13 DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.					
BY OTHER INDIVIDUALS	Name					
additional pages	Address/PO Box; Apt. / Suite #; City; State;	Zip Code				
	GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS DECEMBED C			FORM C/OH COVER SHEET PG 2		
SUPPORT &	IOIALS	RECEIVED CITY OF SAN ANTO	NIO		
14 C/OH NAME Enrique Martin		15 AC	CCOUNT # (Ethics Commission filers)		
16 NOTICE FROM	have been made with	es political expenditures by political committees to support the candidate / of out the candidate's or officeholder's knowledge or consent. Candidates and of y receive notice of such expenditures	ficeholder. These expenditures may ficeholders are required to report this		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE ACTIVITY	Check here if no r	eportable activity occured during this reporting period. (Sign affidavid below and submit page	ges 1 and 2 only.)		
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22150.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 0.00		
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 17281.07		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$ 0.00		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder					
Sworn to a	nd subscr	ibed before me, by the said Exit May 2001, to certify which	vique Martin		
this the 213	awy of	ind with to certify which	y WILLESS "MY		
nana ana f	ear of off	U .			
		1	(Effective 11/16/1999)		

Munitar 5/9 Melindar S. lopet Wany Public Signature of Officer administering outh Printed Title

Texas Ethics Commission

		CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	VS	RECEIVED OF SAN ANTO	SCHEDULE A 1 FOR FORMS C/OH & SPAC)
	The Instruction	ON GUIDE explains how to complete this form.	2001 N	1 Total pages this	report:
2	FILER NAME Enrique Mar			3 ACCOUNT #	(Ethics Commission filers)
4	Date	Full name of contributor out-of-state PAC(ID# Associated General Contractors of America)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/18/2001	6 Contributor address; City; State; Zip Code 10306 Gulfdale		500.00	
		San Antonio TX 78216			•
9	Principal occup	pation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/17/2001	Contributor address; City; State; Zip Code 106 Ottawa Run	• • • • • • • • • • • • • • • • • • • •	1000.00	
		San Antonio TX 78231			
	Principal occupation (Optional)		Employer (Option	al)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/17/2001	Contributor address; City; State; Zip Code 311 Mayer		250.00	
		Bulverde TX 78163			
	Principal occup	pation (Optional)	Employer (Option	al)	-
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/09/2001	Contributor address; City; State; Zip Code 4330 Medical Drive		100.00	
		San Antonio TX 78229			
	Principal occup	oation (Optional)	Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/17/2001	Contributor address; City; State; Zip Code 1559 Yosemite Oaks Circle		250.00	
		San Antonio TX 78213			I
	Principal occup	ation (Optional)	Employer (Option	al)	

Austin, Texas 78711-2070

		CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS RECE CITY OF S/	EIVED (An antonio	SCHEDULE A 1 FOR FORMS C/OH & SPAC)	
	The Instruction	אס Guide explains how to complete this form.	2001 MAY 2	1 Total pages this		
2	FILER NAME Enrique Mar		<u> </u>	3 ACCOUNT # 00051464	(Ethics Commission filers)	
4	Date	Full name of contributor out-of-state PAC(ID# Pablo Escamilla)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/17/2001	6 Contributor address; City; State; Zip Code 1726 Valencia		500.00	 	
		San Antonio TX 78237				
9	Principal occup	ation (Optional)	10 Employer (Option	al)		
	Date	Full name of contributor ut-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/18/2001	Contributor address; City; State; Zip Code 825 E. Locust St.		500.00	 	
		San Antonio TX 78212			1	
	Principal occup	ation (Optional)	Employer (Option	al)		
	Date	Full name of contributor ut-of-state PAC(ID# G. Hasslocher)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/10/2001	Contributor address; City; State; Zip Code 8520 Crownhill Blvd.	• • • • • • • • • • • • • • • • • • • •	1000.00	 	
		San Antonio TX 78209			1	
	Principal occup	ation (Optional)	Employer (Option	al)		
	Date	Full name of contributor uut-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/10/2001	Contributor address; City; State; Zip Code 129 Haskin		500.00	 	
		San Antonio TX 78209				
	Principal occupa	ation (Optional)	Employer (Option	al)		
	Date	Full name of contributor	LLp	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/17/2001	Contributor address; City; State; Zip Code 1019 Tower Life Bldg.		1000.00	 	
		San Antonio TX 78205			' 	
	Principal occupa	ation (Optional)	Employer (Option	al)		

Tex	as Ethics Con	nmission P.O.Box 12070 Austin,	Texas 78711-2070	(512)46	63-5800 1-800-325-8506
		CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	CITY OF	ECEIVED (San anton Tyclerk	SCHEDULE A 1 FOR FORMS C/OH & SPAC)
	The Instruction	אס Guide explains how to complete this form.	2001 MA'	1 Total pages this	
2	FILER NAME Enrique Mar			3 ACCOUNT #	(Ethics Commission filers)
4	Data	E Cultura of contributes Cl. 1 (1) D10(P)		00051464	la Madana Madan
4	Date	5 Full name of contributor ☐ out-of-state PAC(ID# I.B.E.W C.O.P.E.		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/09/2001	6 Contributor address; City; State; Zip Code 1125 15th Street,N.W.		500.00	!
		Washington DC 20005			İ
9	Principal occup	pation (Optional)	10 Employer (Option	al)	-
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/17/2001	Contributor address; City; State; Zip Code 1125 15th Street,N.W.		500.00	
		Washington DC 20005			:
	Principal occup	pation (Optional)	Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/10/2001	Contributor address; City; State; Zip Code 2635 Brookhurst Dr.	• • • • • • • • • • • • • • • • • • • •	500.00	
		San Antonio TX 78209			1
	Principal occup	pation (Optional)	Employer (Option	al)	
	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/17/2001	Contributor address; City; State; Zip Code Bank of America Plaza,25th Flr. Convent St. San Antonio TX 78205		500.00	
	Principal occup	ation (Optional)	Employer (Option	al)	•
	Date	Full name of contributor out-of-state PAC(ID# Clifford Morton		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/10/2001	Contributor address; City; State; Zip Code 1919 Oakwell Farms Pkwy		500.00	
		San Antonio TX			!
	Principal occup	ation (Optional)	Employer (Option	al)	1

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS CITY OF SAN ANTONIO (FOR FORMS C/OH & SPAC)

SCHEDULE A 1

	CITY CLERK					
	The Instruction	אס Guide explains how to complete this form.	2001 MAY 21	1 Otalipage Pris		
2	FILER NAME Enrique Mart			3 ACCOUNT # 00051464	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/17/2001	6 Contributor address; City; State; Zip Code 1313 L. Street,NW		5000.00	 	
		Washington DC 20005			i	
9	Principal occup	ation (Optional)	10 Employer (Option	al)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/17/2001	Contributor address; City; State; Zip Code 127 W. Woodlawn		500.00	 	
		San Antonio TX 78212			i	
	Principal occup	ation (Optional)	Employer (Option	al)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/17/2001	Contributor address; City; State; Zip Code 1111 Vista Valet,#705		100.00	 	
		San Antonio TX 78216			Į.	
	Principal occup	ation (Optional)	Employer (Optional)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/17/2001	Contributor address; City; State; Zip Code 201 N. Presa		200.00	 	
		San Antonio TX 78205				
	Principal occup	ation (Optional)	Employer (Option	al)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/10/2001	Contributor address; City; State; Zip Code 1939 N.E. Loop 410,#230		5000.00		
		San Antonio TX 78217			1	
	Principal occup	ation (Optional)	Employer (Option	al)		

	The Instruction	on Guine explains how to complete this form.	CITY OF SAN ALCOUNTY CLER	1 Total pages this 4 7/2	report:	
2	FILER NAME Enrique Mart			3 ACCOUNT # 00051464	(Ethics Commission filers)	
4	Date	5 Full name of contributor uut-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/10/2001	6 Contributor address; City; State; Zip Code 72 Sendero Verde		500.00	 	
		San Antonio TX 78261			i I	
9	Principal occup	ation (Optional)	10 Employer (Option	al)	-	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/10/2001	Contributor address; City; State; Zip Code 4006 Green Oak Dr.		1000.00	! !	
		Waco TX 76710			; 	
	Principal occup	ation (Optional)	Employer (Optional)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/09/2001	Contributor address; City; State; Zip Code P.O. Box 696000		250.00	 	
		San Antonio TX 78269-6000			! 	
	Principal occup	pation (Optional)	Employer (Optional)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/17/2001	Contributor address; City; State; Zip Code 6929 Camp Bullis Rd.		1500.00	 	
		San Antonio TX 78256			1	
	Principal occup	eation (Optional)	Employer (Option	al)		

xas Ethics Commission	P.O.Box 12070	Austin, Texas 787	11-2070	(512)463-5	800	1-800-325-8506
POLITICAL E	XPENDITU	RES	R CITY 0	ECEIV ed E san anton i	SCHE	DULE F

		CITY OF	SAN ANTO	01HO
The Instruction Guide explains how to complete this form.		2001 MAY	1 Total-eages remain	
2 FILER NAME Enrique Martin			3 ACCOUN 0005146	T # (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
05/19/2001	Albertson's			(\$) 53.67
	6 Payee address; City; State; Zip Code			00.07
	U Fayee address, Sity, State, 2ip Gode			
	San Antonio TX			
8 Purpose of exp	penditure (See instructions regarding type of	Complete if direct experience Candidate / Officeholder n		offit C/OH "" Office sought Office held
Refreshment		Surface (Sinceriolad)		omee sought omee ned
Date	Payee name	I		Amount
05/05/2001	Henry Avila			(\$)
03/03/2001				220.00
	Payee address; City; State; Zip Code			
	San Antonio TX			
Purpose of exp	benditure (See instructions regarding type of	Complete if direct expe		
Election Sup	•	Candidate / Officeriolder n	arrie	Office sought Office held
-				
Date	Payee name			Amount
05/00/0004				(\$)
05/09/2001	Augustine Beltran			1896.00
	Payee address; City; State; Zip Code			
	San Antonio TX			
	benditure (See instructions regarding type of	Complete if direct expe		
information red Block Walker	•	Candidate / Officeholder n	ame	Office sought Office held
Date	Payee name	<u> </u>		Amount
	•			(\$)
05/14/2001	Augustine Beltran			640.00
	Payee address; City; State; Zip Code			
	San Antonio TX			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe		efit C/OH " Office held
Block Walker	•	Candidate / Onicencider if	MITTE	Onice sought Office resu

POLITI	CAL EXPENDITURES		SCHEDULE F
		RECEIVED	110
The Instruction	ON GUIDE explains how to complete this form.	GIT 10 Total pages 9/21	
2 FILER NAME Enrique Mar		2001 MAY 31 ACCOUN 00051464	T # (Ethics Commission filers)
4 Date 05/18/2001	5 Payee name Augustine Beltran 6 Payee address; City; State; Zip Code		7 Amount (\$) 1268.00
8 Purpose of exp information red Election Sup		9 Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH " Office held
Date 04/29/2001	Payee name Bros. Printing Payee address; City; State; Zip Code		Amount (\$) 635.84
Purpose of exp information red T-Shirts	San Antonio TX penditure (See instructions regarding type of quired.)	Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH •• Office sought Office held
Date 05/11/2001	Payee name CPS Payee address; City; State; Zip Code TX		Amount (\$) 115.00
information red	penditure (See instructions regarding type of quired.) Headquarters	Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH "" Office sought Office held
Date 05/11/2001	Payee name Cingular Wireless Payee address; City; State; Zip Code San Antonio TX		Amount (\$) 265.12
Purpose of exp information red Cellular Servi	•	Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH "" Wrice sought Office held

POLITI	CAL EXPENDITURES	RECEIVED CITY OF SAN ANTONIO	SCHEDULE F
The Instruction	DN GUIDE explains how to complete this form.	7001 MAY 21 Total pages	report:
2 FILER NAME Enrique Mart		1,04	IT # (Ethics Commission filers)
4 Date 05/16/2001	5 Payee name Diamond Shamrock 6 Payee address; City; State; Zip Code		7 Amount (\$) 19.63
Purpose of exp information req Refreshments	•	9 Complete if direct expenditure to bene Candidate / Officeholder name	offit C/OH ** Office sought Office held
Date 05/14/2001	Payee name Elections Support Services Payee address; City; State; Zip Code		Amount (\$) 28.69
Purpose of exp information red Labels	penditure (See instructions regarding type of	Complete if direct expenditure to bene Candidate / Officeholder name	 offit C/OH •• Office sought Office held
Date 05/16/2001	Payee name Elections Support Services Payee address; City; State; Zip Code		Amount (\$) 1284.07
Purpose of exp information red Labels	penditure (See instructions regarding type of	Complete if direct expenditure to bene Candidate / Officeholder name	Lefit C/OH *** Office sought Office held
Date 05/18/2001	Payee name Elections Support Services Payee address; City; State; Zip Code TX		Amount (\$) 891.54
Purpose of exp information red Mail Services	•	Complete if direct expenditure to bene Candidate / Officeholder name	Afit C/OH ** Office sought Office held

POLITI	CAL EXPENDITURES	RECEI CITY OF SAN CITY CL	VED Antonio Erk	SCHEDULE F
The Instruction	on Guide explains how to complete this form.	2001 MAY 21	Total pages report	t:
2 FILER NAME Enrique Man			3 ACCOUNT # 00051464	(Ethics Commission filers)
4 Date 05/17/2001	5 Payee name Enterprise 6 Payee address; City; State; Zip Code San Antonio TX		7	Amount (\$) 180.48
8 Purpose of expinformation rec Car Rental	penditure (See instructions regarding type of	9 Complete if direct exp Candidate / Officeholder		
Date 05/14/2001	Payee name Tom Fasome Payee address; City; State; Zip Code			Amount (\$) 500.00
Purpose of exp information red Headquarters		Complete if direct exp Candidate / Officeholder		
Date 04/29/2001	Payee name Flying Times Payee address; City; State; Zip Code			Amount (\$) 198.00
Purpose of exp information red Advertiseme	• •	Complete if direct exp Candidate / Officeholder		
Date 05/19/2001	Payee name Flying Times Payee address; City; State; Zip Code San Antonio TX			Amount (\$) 153.00
Purpose of ex information red Advertiseme	·	Complete if direct exp Candidate / Officeholder		OH ' Sought Office held

Texas Ethics Com	mission P.O.Box 12070 Austin, Texas 7	8711-2070	(512)463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES	RECEIVEI CITY OF SAH AN CITY CLER	D NTO NIO SC NK	HEDULE F
The Instruction	אס Guide explains how to complete this form.	2001 MAY 21 F	14: Total pages report: 13/21	
2 FILER NAME Enrique Mar			3 ACCOUNT # (Ethics 00051464	s Commission filers)
4 Date 05/18/2001	5 Payee name Garza's Food Market 6 Payee address; City; State; Zip Code		7	Amount (\$) 57.80
8 Purpose of expinformation rec	penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH name Office sought	
Date 05/18/2001	Payee name Robert Garza Payee address; City; State; Zip Code			Amount (\$) 300.00
information red	San Antonio TX penditure (See instructions regarding type of quired.) port Services	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH name Office sought	
Date 05/18/2001	Payee name Robert Garza Payee address; City; State; Zip Code San Antonio TX			Amount (\$) 175.00
information re	I penditure (See instructions regarding type of quired.) port Services	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH name Office sough	
Date 05/02/2001	Payee name Rudy Garza Payee address; City; State; Zip Code San Antoni TX			Amount (\$) 400.00
Purpose of ex information re Electrical Su	•	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH name Office sough	

Austin, Texas 78711-2070 **Texas Ethics Commission** P.O.Box 12070 (512)463-5800 1-800-325-8506 **POLITICAL EXPENDITURES** SCHEDULE F 1 Total pages report: The Instruction Guide explains how to complete this form. 14/21 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME 00051464 **Enrique Martin** Date 5 Payee name Amount (\$) 05/05/2001 Rudy Garza 350.00 6 Payee address; City; State; Zip Code San Antoni TX Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH "" information required.) Candidate / Officeholder name Office held Office sought **Electrical Service** Date Payee name Amount (\$) 04/29/2001 Cynthia Gonzales 300.00 Payee address; City; State; Zip Code San Antonio TX Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name information required.) Office sought Office held **Election Support** Payee name **Amount** Date (\$) 05/18/2001 Monica Gutierrez 275.00 Payee address; City; State; Zip Code San Antonio TX Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held **Election Support Services** Date Payee name **Amount** (\$) 04/29/2001 **HEB** 101.00 Payee address; City; State; Zip Code San Antonio TX Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held Refreshments

Texas Ethics Com	nmission P.O.Box 12070 Austin, Texas	78711-2070	(512)463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES		sc	HEDULE F
		RECEIT OF SAN	VED LANTONIO	
The Instruction	אס Guide explains how to complete this form.	CITY CI	Hotal pages report: 15/21	
2 FILER NAME Enrique Mar		2001 MAY 21	3 ACCOUNT # (Etnic 00051464	s Commission filers)
4 Date	5 Payee name		7	Amount
05/11/2001	Home Depot			(\$) 21.09
	6 Payee address; City; State; Zip Code			
	TX	12		
8 Purpose of expinformation red Materials	penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder	enditure to benefit C/OH name Office sought	
Date	Payee name			Amount
05/15/2001	Home Depot			(\$) 173.94
	Payee address; City; State; Zip Code	•••••••		
Purpose of ex	Penditure (See instructions regarding type of	Complete if direct exp	penditure to benefit C/OH	••
information red Materials	quired.)	Candidate / Officeholder	name Office sought	Office held
Date	Payee name			Amount
05/18/2001	Home Depot			(\$) 48.47
	Payee address; City; State; Zip Cod	· · · · · · · · · · · · · · · · · · ·		
Purpose of ex information red Materials	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH name Office sough	
Date	Payee name	1		Amount
05/05/2001	Tim Huizar			(\$) 200.00
	Payee address; City; State; Zip Cod	 Э		200.00
	San Antonio TX			
Purpose of ex information re Election Sup		Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH name Office sough	

POLITION	CAL EXPENDITURES	RECEI CITY OF SAM	SCHEDULE F VED ANTONIO
The Instruction	N GUIDE explains how to complete this form.	2001 MAY 2	Total pages report:
2 FILER NAME Enrique Mark			ACCOUNT # (Ethics Commission filers) 00051464
4 Date 05/01/2001	5 Payee name John Lambert 6 Payee address; City; State; Zip Code San Antonio TX		7 Amount (\$) 250.00
Purpose of exp information red Election Supp	penditure (See instructions regarding type of juired.)	Complete if direct expendence and date / Officeholder name	
Date 05/15/2001	Payee name John Lambert Payee address; City; State; Zip Code		Amount (\$) 125.00
Purpose of exp information red Election Supp		Complete if direct expendent of the Candidate / Officeholder name	
Date 05/04/2001	Payee name Little Ceasars Payee address; City; State; Zip Code		Amount (\$) 32.68
Purpose of exp information red Refreshment	•	Complete if direct expen Candidate / Officeholder nan	
Date 05/15/2001	Payee name Little Ceasars Payee address; City; State; Zip Code San Antonio TX		Amount (\$) 18.76
Purpose of exp information red Refreshment	• •	Complete if direct expen Candidate / Officeholder nan	diture to benefit C/OH ** ne Office sought Office held

Texas Ethics Com	mission P.O.Box 12070 Austin, Texas 7	8711-2070	(512)463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES	CITY OF SAN	ED Antonio so Erk	CHEDULE F
The Instruction	on Guide explains how to complete this form.	2001 MAY 21	This bages report:	
2 FILER NAME Enrique Mar			3 ACCOUNT # (Ett 00051464	nics Commission filers)
4 Date	5 Payee name	1 200	7	Amount
05/05/2001	Rejino Longoria			(\$) 195.00
:	6 Payee address; City; State; Zip Code			.00.00
· · · · · ·	San Antonio TX			
Purpose of expinformation red D.J. Music	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH name Office soug	
Date	Payee name			Amount
05/18/2001	Lopez Automotive			(\$) 483.57
	Payee address; City; State; Zip Code San Antonio TX			
Purpose of exp information red Donation	benditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH name Office soug	
Date	Payee name			Amount
05/04/2001	Marina Lopez Payee address; City; State; Zip Code			(\$) 30.00
	San Antonio TX			
Purpose of ex information red Election Sup		Complete if direct exp Candidate / Officeholder r	penditure to benefit C/OH name Office sous	
Date	Payee name			Amount
05/14/2001	Marina Lopez			(\$) 45.00
00/17/2001				45.00
	Payee address; City; State; Zip Code			
	San Antonio TX			
Purpose of ex information red Election Sup	• /	Complete if direct exp Candidate / Officeholder i	penditure to benefit C/OH name Office sout	

POLITI	CAL EXPENDITURES	RECE CITY OF SAI CITY C	IVED N antonio Lerk	SCHEDULE F
The Instruction	on Guide explains how to complete this form.	2001 MAY 21	1 Otal pages rep	oort:
2 FILER NAME Enrique Man			3 ACCOUNT 00051464	# (Ethics Commission filers)
4 Date	5 Payee name		7	Amount (\$)
04/29/2001	Azannette Martin 6 Payee address; City; State; Zip Code			214.32
	San Antonio TX			
information red	penditure (See instructions regarding type of quired.) ent for supplies	9 Complete if direct exp Candidate / Officeholder n		C/OH ** ce sought Office held
Date	Payee name			Amount
05/14/2001	Azannette Martin Payee address; City; State; Zip Code			(\$) 215.73
	San Antonio TX			
Purpose of exp information red Reimbursem		Complete if direct exp Candidate / Officeholder r		C/OH •• ce sought Office held
Date	Payee name			Amount
05/18/2001	Edward Metz			(\$) 500.00
	Payee address; City; State; Zip Code	•••••		
	San Antonio TX			
information red	penditure (See instructions regarding type of quired.) port Services	Complete if direct exp Candidate / Officeholder r	enditure to benefit name Offi	C/OH ** ce sought Office held
Date	Payee name			Amount (\$)
04/26/2001	Munguia Printers			430.85
	Payee address; City; State; Zip Code			
	San Antonio TX			
Purpose of ex information red Printing	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r		C/OH ** ce sought Office held

The Instruction Guid 2 FILER NAME Enrique Martin	DE explains how to complete this form. 201	JI MAY 21 P 4: 4	Total pages report: 20/21
			3 ACCOUNT # (Ethics Commission filers) 00051464
4 Date 5 F	Payee name		7 Amount
05/17/2001	Connie Sonnen		(\$) 75.00
	Payee address; City; State; Zip Code		
	San Antonio TX		
8 Purpose of expenditu information required.	ure (See instructions regarding type of)	9 Complete if direct expended of the Candidate / Officeholder n	enditure to benefit C/OH ** name Office sought Office held
Election Services			
Date F	Payee name		Amount
05/01/2001	Southside Reporter		(\$) 375.36
P	Payee address; City; State; Zip Code		
(San Antonio TX		
Purpose of expenditu information required. Advertisement	ure (See instructions regarding type of)	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH •• name Office sought Office held
Date F	Payee name		Amount
05/15/2001 เ	U.S. Postmaster		(\$) 310.00
P	Payee address; City; State; Zip Code		
	тх		
Purpose of expenditu information required. Postage	ure (See instructions regarding type of)	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH " " name Office sought Office held
Date F	Payee name		Amount
05/16/2001 เ	U.S. Postmaster		(\$) 102.00
F	Payee address; City; State; Zip Code		
	тх		
Purpose of expendituinformation required. Postage	ure (See instructions regarding type of)	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH "" name Office sought Office held

POLITI	CAL EXPENDITURES	RECEIVED CITY OF SAN ANT	SCHEDULE F
The Instruction	אס Guide explains how to complete this form.		ages report: Lt: Lt ()
2 FILER NAME Enrique Mar			
4 Date 05/16/2001	5 Payee name U.S. Postmaster 6 Payee address; City; State; Zip Code		7 Amount (\$) 128.90
8 Purpose of expiniformation red Postage	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to Candidate / Officeholder name	benefit C/OH ** Office sought Office held
Date 05/01/2001	Payee name United Care Payee address; City; State; Zip Code San Antonio TX		Amount (\$) 150.00
Purpose of ex information red Donation	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to Candidate / Officeholder name	benefit C/OH ** Office sought Office held

Texas Ethics Commission

	OFFICEHOLDER NANCE REPORT	RECEIVED CITY OF SAN ANT	FORM C/OH COVER SHEET PG 1	
The C/OH Instruction Gu	RIDEEXPlains how to complete this form.	1 ACCOUNT#93	2 Total pages this report: 4: 57 1/13	
3 CANDIDATE /	TITLE FIRST	LOSI IVI MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Enrique		Date Received	
	NICKNAME LAST Kike Martin	SUFFIX		
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 8327 Staton Dr.	CITY; STATE; ZIP CODE		
Change of Address	San Antonio TX 78224		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	LTC (Ret) Tommie	М	Receipt # Amount	
	NICKNAME LAST	SUFFIX	Date Processed	
	Malone		Date Imaged	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE#; CITY; STATE;	ZIP CODE	
TREASURER	,	.,, _ ,,,		
ADDRESS (Residence or business)	2202 Cypress Pearl			
	San Antonio TX 78232			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () -	EXTENSION		
8 REPORT TYPE	January 15 30th day before election	n Hunoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 X 8th day before election	L	Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year THRC	Month Day OUGH	Year	
	03/27/0001	04/25/00	01	
10 ELECTION	ELECTION DATE ELECTION T	YPE		
	Month	y Runoff	General Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)		
13 DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign ex Candidates are required to disclose this information			
BY OTHER INDIVIDUALS	Name			
additional pages	Address/PO Box; Apt. / Suite #; City; State;	Zip Code		
	GO TO	PAGE 2		

Austin, Texas 78711-2070

CANDIDA	ATE / OFFI	CEHOLDER REPORT:	FORM C/OH
	T & TOTAL	CITY OF SAN AN	COVER SHEET PG 2
14 C/OH NAME		CITY CLEAN	S ACCOUNT #(Binds Commission flors)
16 NOTICE FROM POLITICAL COMMITTEE(S)	** This box is for no may have been mad this information only	notice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidates if they receive notice of such expenditures.	5: 01
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			- -
1		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NÓ REPORTABLE ACTIVITY		no reportable activity occurred during this reporting period. (Sign affidavit below a	and submit pages 1 and 2 only.)
16 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$300.00
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7050.00
EXPENDITURE TOTALS	3. TOTAL P	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 210.66
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 15.087.52
OUTSTANDING LOAN TOTALS	5. TOTAL PP	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 0.00
S AFFIDAVIT	SARY PUBLISHED STATE OF TERES OF 04-2005 INTIMITIAL SEAL ABOVE	I sweer, or affirm, under penalty of perjuris true and correct and includes all informme under Title 15, Election Code. Signature of Candidate of	ry, that the accompanying report mation required to be reported by
Sworn to and subscribe	ed before me, by the	ne said <u>Enrique</u> Muth Ny which, witness my hand and seal of office.	nis the <u>27th</u> day
Milinda S l	Olly	Nelinda S. Jopez Not	tanı
Signature of officer agmi	washud can	Printed name of officer administering outh Title of o	officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED	SCHEDULE	A 1
RECEIVED CITY OF SAN ANTONIO, CITY CLERK	FORMS C/OH &	SPAC

(512)463-5800

				14 OFFICE	
	The Instruction	ON GUIDE explains how to complete this form.	2001 AP	2 Total pages this	
	FILER NAME Enrique Mar			3 ACCOUNT # 00051464	(Ethics Commission filers)
ļ	Date	5 Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/18/0001	6 Contributor address; City; State; Zip Code 111 Soledad,Suite 1111		2000.00	!
		San Antonio TX 78205			<u>.</u>
)	Principal occup	pation (Optional)	10 Employer (Optional	d)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/24/0001	Contributor address; City; State; Zip Code 8520 Crownhill Blvd.		500.00	
		San Antonio TX 78209			<u> </u>
	Principal occup	pation (Optional)	Employer (Optiona	ıl)	
	Date	Full name of contributor out-of-state PAC(ID# Iron Workers ST. Cope Fund)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/18/0001	Contributor address; City; State; Zip Code 1106 Lavaca St.,Suite 201		500.00	
	Principal occur	Austin TX 78701 Dation (Optional)	Employer (Optiona	<u></u>	
		Constant Con			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/09/0001	Contributor address; City; State; Zip Code No. 5 Morning Downs		1500.00	! !
	Dringing again	San Antonio TX 78257	Employer (Optiona	ın	<u> </u>
	Principal occup	pation (Optional)	Employer (Optiona		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/09/0001	Contributor address; City; State; Zip Code 1226 E. Sunshine		500.00	
		San Antonio TX 78228			i I
		pation (Optional)	Employer (Optiona	nn	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS CIT				SCHEDULE A 1 FOR FORMS C/OH & SPAC) TONIO K
The Instruction	אס Guide explains how to complete this form.	วก	1 Total pages this	report: 57
		L	3 ACCOUNT #	(Ethics Commission filers)
Date	5 Full name of contributor ut-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/18/0001	6 Contributor address; City; State; Zip Code 8779 Timber Point		400.00	
	San Antonio TX 78250			i İ
Principal occup	ation (Optional)	10 Employer (Option	al)	•
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/09/0001	Contributor address; City; State; Zip Code		750.00	
	Warshaw MD			
Principal occup	ation (Optional)	Employer (Option	al)	1
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/09/0001	Contributor address; City; State; Zip Code 141 N. Grayson		100.00	!
	Alexandria VA 22304			İ
Principal occup	nation (Optional)	Employer (Option	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/18/0001	Contributor address; City; State; Zip Code 4006 Green Oak Dr.		500.00	
	Waco TX 76710			!
Principal occup	pation (Optional)	Employer (Option	al)	
	The Instruction FILER NAME Enrique Mar Date 04/18/0001 Principal occup Date 04/09/0001 Principal occup Date 04/09/0001	The Instruction Guide explains how to complete this form. FILER NAME Enrique Martin Date	The Instruction Guide explains how to complete this form. The Instruction Guide explains how to complete this form. 20	The Instruction Guide explains how to complete this form. The Instruction Guide explains how to complete this form. The Instruction Guide explains how to complete this form. FILER NAME FILER NAME FINITY DETERMINATION Date 5 Full name of contributor out-of-state PAC(ID# O0051464 Amount of Contribution (\$) O4/18/0001 6 Contributor address; Office San Antonio TX 78250 To Employer (Optional) Principal occupation (Optional) Date Full name of contributor out-of-state PAC(ID# Ontribution (\$) Warshaw MD Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC(ID# Ontribution (\$) Warshaw MD Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC(ID# Ontribution (\$) Amount of Contribution (\$) Contributor address; Office State; Zip Code 100.00 Alexandria VA 22304 Employer (Optional) Date Full name of contributor out-of-state PAC(ID# Ontributor (\$) Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC(ID# Ontributor (\$) Contributor address; Office State; Zip Code (\$) Amount of Contributor Ontributor Ontributor Ontributor (\$) Contributor address; Office State; Zip Code (\$) Amount of Contributor (\$) Contributor address; Office State; Zip Code (\$) Amount of Contributor (\$) Contributor address; Office State; Zip Code (\$) Amount of Contributor (\$) Contributor address; Office State; Zip Code (\$) Amount of Contributor (\$) Contributor address; Office State; Zip Code (\$) Amount of Contributor (\$) Contributor address; Office State; Zip Code (\$) Amount of Contributor (\$) Contributor address; Office State; Zip Code (\$) Amount of Contributor (\$)

Austin, Texas 78711-2070 (512)463-5800 P.O.Box 12070 1-800-325-8506 Texas Ethics Commission RECEIVED CITY OF SAN ANTONIO CITY CLERK POLITICAL EXPENDITURES SCHEDULE F 1 Tolet pages report: 2001 APR 27 The Instruction Guide explains how to complete this form. 5/13 2 FILER NAME ACCOUNT # (Ethics Commission filers) 00051464 Enrique Martin Date 5 Payee name Amount (\$) 04/11/0001 Yolanda Chapa 408.00 6 Payee address; City; State; Zip Code San Antonio TX Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held **Election Support Services** Date Payee name Amount (\$) 04/21/0001 Yolanda Chapa 126.06 City; State; Zip Code Payee address; San Antonio TX Complete if direct expenditure to benefit C/OH *** Purpose of expenditure (See instructions regarding type of Candidate / Officeholder name information required.) Office sought Office held **Election Support Services** Date Payee name **Amount** (\$) 04/20/0001 Cingular Wireless 221.18 Payee address; City; State; Zip Code San Antonio TX Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held Telephone Services Date Payee name **Amount** (\$) 04/24/0001 DJ Kino Longoria 75.00 Payee address; City; State; Zip Code San Antonio TX Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH *** Candidate / Officeholder name Office held Entertainment

POLITICAL EXPENDITURES RECEIVED CITY OF SAN ANTO CITY OF	des Spart:
The Instruction Guide explains how to complete this form.	des Spart:
	J. IA. T. # (Chica Commission Story)
Enrique Martin 00051	
4 Date 5 Payee name 04/08/0001 John Delgado 6 Payee address; City; State; Zip Code	7 Amount (\$) 80.00
San Antonio TX 8 Purpose of expenditure (See instructions regarding type of information required.) Election Support Services 9 Complete if direct expenditure to be Candidate / Officeholder name	enefit C/OH *** Office sought Office held
Date Payee name 04/02/0001 Elections Support Services Payee address; City; State; Zip Code	Amount (\$) 1929.73
Purpose of expenditure (See instructions regarding type of information required.) Mailout Complete if direct expenditure to be Candidate / Officeholder name	enefit C/OH •• Office sought Office held
Date Payee name 04/12/0001 Elections Support Services Payee address; City; State; Zip Code	Amount (\$) 1929.73
Purpose of expenditure (See instructions regarding type of information required.) Mailout Complete if direct expenditure to be Candidate / Officeholder name	enefit C/OH ** Office sought Office held
Date Payee name 04/24/0001 Elections Support Services Payee address; City; State; Zip Code	Amount (\$) 1892.02
Purpose of expenditure (See instructions regarding type of information required.) Mailout Complete if direct expenditure to be Candidate / Officeholder name	enefit C/OH "" Office sought Office held

POLITI	CAL EXPENDITURES	RECEIVED CHY OF SAN ANTONIO	CHEDULE F
		CITY OF SAN ANTUNIO	
The Instruction	אס Guide explains how to complete this form.	Total pages report:	
2 FILER NAME Enrique Mar		ZUUI APR 3 ACCOUNT # @ 00051464	Ethics Commission filers)
4 Date	5 Payee name	7	Amount
04/05/0001	Flying Times		(\$) 306.00
	6 Payee address; City; State; Zip Code		
	San Antonio TX		10.500
Purpose of exp information red Advertisement	•	Complete if direct expenditure to benefit C/Ol Candidate / Officeholder name Office sou	
Date	Payee name		Amount
04/18/0001	Flying Times		(\$)
04/10/0001	Payee address; City; State; Zip Code		170.00
	San Antonio TX		
Purpose of exp information red Advertisemen		Complete if direct expenditure to benefit C/Ol Candidate / Officeholder name Office sou	
Date	Payee name		Amount
0.4/4.4/0.004	•		(\$)
04/14/0001	HEB Payee address; City; State; Zip Code		51.95
	San Antonio TX		
Purpose of exp information red Refreshment	•	Complete if direct expenditure to benefit C/Ol Candidate / Officeholder name Office sou	
Date	Payee name		Amount
04/07/0001	Kelly Hancock Cruz		(\$) 45.00
	Payee address; City; State; Zip Code		
	San Antonio TX		
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expenditure to benefit C/Ol	
information red Election Sup	port Services	Candidate / Officeholder name Office sou	<i>u</i> ght Office held
	, , , , , , , , , , , , , , , , , , , ,		

Austin, Texas 78711-2070 P.O.Box 12070 (512)463-5800 1-800-325-8506 Texas Ethics Commission CITY OF SAN ANTONIO CITY CLERK POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission filers) 2 FILER NAME Enrique Martin 00051464 Amount Date Payee name (\$) 04/24/0001 Kelly Hancock Cruz 50.00 6 Payee address; City; State; Zip Code San Antonio TX Complete if direct expenditure to benefit C/OH ** Purpose of expenditure (See instructions regarding type of Candidate / Officeholder name information required.) Office held **Election Support Services** Amount Date Payee name (\$) 04/18/0001 Heritage NA 160.00 City; State; Zip Code Payee address; San Antonio TX Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** Candidate / Officeholder name Office sought Office held information required.) Advertisement Amount Date Payee name (\$) 04/18/0001 Hispanic Broadcast 2125.00 City; State; Zip Code Payee address; San Antonio TX Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** information required.) Candidate / Officeholder name Office sought Office held Advertisement **Amount** Date Payee name (\$) 04/20/0001 Hispanic Broadcast 50.00 Payee address; City; State; Zip Code San Antonio TX Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH *** Candidate / Officeholder name Office held **Broadcasting Fee**

Amount

(\$)

30.00

Office held

62.00

Office held

Amount

(\$)

1412.11

Amount (\$)

information req Printing	uired.)	Candidate / Officeholder name	Office sought Office held
Date	Payee name		Amount
04/11/0001	Munguia Printers		(\$) 1412.11
:	Payee address; City; State; Zip Code		
	San Antonio TX		
Purpose of exp information req Printing	enditure (See instructions regarding type of uired.)	Complete if direct expenditure to ben Candidate / Officeholder name	efit C/OH ** Office sought Office held

POLITI	CAL EXPENDITURES	RECEIVE CITY OF SAN A CITY CLE	D NTONIO RK	SCHEDULE F
The Instruction	אס Guide explains how to complete this form.	2001 APR 27 F	1 Total gages repo	ort:
2 FILER NAME Enrique Mar			3 ACCOUNT # 00051464	(Ethics Commission filers)
4 Date 04/24/0001	5 Payee name Munguia Printers 6 Payee address; City; State; Zip Code San Antonio TX		7	Amount (\$) 722.35
8 Purpose of expinformation red Printing	penditure (See instructions regarding type of	9 Complete if direct exp Candidate / Officeholder		C/OH ** e sought Office held
Date 03/31/0001	Payee address; City; State; Zip Code			Amount (\$) 84.37
information red	San Antonio TX penditure (See instructions regarding type of quired.) ts for block walkers	Complete if direct exp Candidate / Officeholder		C/OH •• Office held
Date 04/04/0001	Payee name Connie Prado Payee address; City; State; Zip Code San Antonio TX			Amount (\$) 75.00
information red	penditure (See instructions regarding type of quired.) ve Support Services	Complete if direct exp Candidate / Officeholder		C/OH •• e sought Office held
Date 04/10/0001	Payee name Southside Reporter Payee address; City; State; Zip Code San Antonio TX			Amount (\$) 375.00
Purpose of ex information re Advertiseme	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder		C/OH " e sought Office held

POLITI	CAL EXPENDITURES		SCHEDULE F
		RECENT OF SAN	ANTONIO
The Instruction	אס Guide explains how to complete this form.	CITIE	Total pages report:
2 FILER NAME Enrique Mar		2001 APR 237	ACCOUNT # (Ethics Commission filers) 00051464
4 Date	5 Payee name		7 Amount (\$)
04/08/0001	Sergio Suarez		30.00
	6 Payee address; City; State; Zip Code		
	San Antonio TX		
8 Purpose of exp information red Election Sup		9 Complete if direct expendi Candidate / Officeholder name	ure to benefit C/OH ** Office sought Office held
Date	Payee name		Amount
04/13/0001	Sergio Suarez		(\$) 30.00
	Payee address; City; State; Zip Code		
	San Antonio TX		
information red	penditure (See instructions regarding type of quired.) port Services	Complete if direct expendi Candidate / Officeholder name	ure to benefit C/OH ** Office sought Office held
Date	Payee name		Amount
04/05/0001	U.S. Postmaster		(\$) 68.00
	Payee address; City; State; Zip Code		
	тх		
Purpose of exp information red Postage	penditure (See instructions regarding type of quired.)	Complete if direct expendi Candidate / Officeholder name	
Date	Payee name		Amount
04/17/0001	U.S. Postmaster		(\$) 102.00
	Payee address; City; State; Zip Code		
	тх		
Purpose of exp information red Postage	penditure (See instructions regarding type of quired.)	Complete if direct expendi Candidate / Officeholder name	

DOLUTION EVENDITUDES

OCN/ED

POLITI	CAL EXPENDITURES	CITY OF SAN ANTONIO CITY CLERK	SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.	2001 APR 27 P 4: 5 tal pages 13/13	eport:
2 FILER NAME Enrique Mar		3 ACCOUN 00051464	
4 Date 04/24/0001	5 Payee name Usafe Auto Rental 6 Payee address; City; State; Zip Cod San Antonio TX		7 Amount (\$) 374.25
information red	I penditure (See instructions regarding type of quired.) Election Support	9 Complete if direct expenditure to benei Candidate / Officeholder name	fit C/OH "" Iffice sought Office held
			,

1-800-325-8506

Austin, Texas 78711-2070

FORM C/OH CANDIDATE / OFFICEHOLDER CITY OF SAN ANTOMOVER SHEET PG 1 CITY CLERK CAMPAIGN FINANCE REPORT ACCOUNT # (Ethics Commission tiles) 2 Total pages this report: The C/OH INSTRUCTION GUIDE explains how to complete this form. 40 00051464 1/18 CANDIDATE / **OFFICE USE ONLY OFFICEHOLDER** Enrique NAME **Date Received** SUFFIX NICKNAME Kike Martin CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER ADDRESS** 8327 Staton Dr. Date Hand-delivered or Date Postmarked San Antonio TX 78224 Change of Address CAMPAIGN TITLE FIRST MI **TREASURER** LTC (Ret) Tommie NAME Receipt # Amount NICKNAME LAST SUFFIX **Date Processed** Malone Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER ADDRESS** 2202 Cypress Pearl (Residence or business) San Antonio TX 78232 AREA CODE PHONE NUMBER EXTENSION **CAMPAIGN** TREASURER ()-PHONE **8** REPORT TYPE 15th day after campaign treasurer appointment (officeholder only) X January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) Month Day Year Dary Year PERIOD Month COVERED THROUGH 01/01/2001 03/26/2001 ELECTION DATE 10 ELECTION **ELECTION TYPE** Month Day Primary X General Runoff Special 05/05/2001 OFFICE SOUGHT (If known) Other -- City Council 11 OFFICE OFFICE HELD (If any) 13 Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. CAMPAIGN **EXPENDITURE** BY OTHER **INDIVIDUALS** Address/PO Box; Apt. / Suite #: City; State: Zio Code additional pages **GO TO PAGE 2**

CANDIDATE SUPPORT &		CITY OF	FORM C/OH CECOMER SHEET PG 2 SAN ANTONIO
14 C/OH NAME Enrique Martin		15	Y CLERK ACCOUNT # (Ethics Commission filers) 00061464 2: LLO
16 NOTICE FROM	have been made with	les political expenditures by political committees to support the candidate lout the candidate's or officeholder's knowledge or consent. Candidates and by receive notice of such expenditures	/ officeholder. These expenditures may d officeholders are required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if no r	eportable activity occured during this reporting period. (Sign affidavid below and submit	pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 133.06
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12083.06
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 CR LESS, UNLESS ITEMIZED	\$ 229.78
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 18057.36
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 0.00
19 AFFIDAVIT	EE HELMING	I swear, or affirm, under penalty of period is true and correct and includes all informe under Title 15, Election Code.	
SWORN TO AND THIS THE HAND AND SEAL	TOFTENS SHAPER BETT TAIGNAY OF WORNOFFICE.	Signature of Candida BEFORE ME BY THE SAID FIRE TO CERTIFY, V	Kike MARTIN WHICH, WITNESS MY
SIGNATURE OF	SOFICER AD	MINISTERING OATH PRINT NAME	6 Jary

	OTHER	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD CITY OF	NSIVED	(SCHEDULE A 1 FOR FORMS COOH & SPAC)
	The Instruction	ON GUIDE explains how to complete this form.	T CLERK	1 Total pages this	
2	FILER NAME Enrique Mar		5 P 2: 40	3 ACCOUNT #	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/25/2001	6 Contributor address; City; State; Zip Code 216 Lamont Avenue		100.00	
		San Antonio TX 78209			İ
9	Principal occup	pation (Optional)	10 Employer (Option	ai)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/25/2001	Contributor address; City; State; Zip Code P.O. Box 7608		100.00	
		San Antonio TX 78207			!
Principal occupation (Optional) Employer (Option			al)	•	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/23/2001	Contributor address; City; State; Zip Code 111 Soledad,Suite 1111		100.00	
		San Antonio TX 78205			!
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor out-of-state PAC(ID# Davidson & Troillo a Prof. Corp. Comm. For Civic	Awareness	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/12/2001	Contributor address; City; State; Zip Code 7550 I.H. 10 West, Suite 800		200.00	
	Principal accur	San Antonio TX 78229 ation (Optional)	Franksias (Ortion	- n	<u> </u>
	r mapai occup	audi (Optional)	Employer (Optiona	ai)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/08/2001	Contributor address; City; State; Zip Code 3802 Mill Court		250.00	 -
		San Antonio TX 78230			
	Principal occup	ation (Optional)	Employer (Options	al)	,

POLITICAL CONTRIBUTIONS EIVED OTHER THAN PLEDGES OF EOANSHIO

Texas Ethics Commission

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

CITA CTEMU					
	The Instructi	ON GUIDE explains how to complete this form5	2: 40	1 Total pages this	•
2	FILER NAME Enrique Mar			3 ACCOUNT # 00051464	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/08/2001	6 Contributor address; City; State; Zip Code 3707 N. St. Mary's St.,#201	• • • • • • • • • • • • • • • • • • • •	250.00	
		San Antonio TX 78212			!
9	Principal occup	pation (Optional)	10 Employer (Option	al)	•
	Date	Full name of contributor out-of-state PAC(ID# George Chall,Jr. Ins.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/20/2001	Contributor address; City; State; Zip Code 4606 Centerview,Suite 100		100.00	
	Principal occur	San Antonio TX 78228	Employer (Option	- n	
Principal occupation (Optional) Employer (Option		ai)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/09/2001	Contributor address; City; State; Zip Code 230 Country Lane		250.00	
		San Antonio TX 78209			
Principal occupation (Optional) Employer (Optional)		Employer (Optiona	al)		
	Date	Full name of contributor out-of-state PAC(ID# Law Office of Louis Rosenberg,P.C.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/20/2001	Contributor address; City; State; Zip Code P.O. Box 718		100.00	
		San Antonio TX 78293			
Principal occupation (Optional) Employer (Optional)			Employer (Options	af)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/27/2001	Contributor address; City; State; Zip Code 2421 Lake Pancoast Dr.,Apt. 4-C		100.00	
		Miami Beach FL 33140		!	
	Principal occupa	ation (Optional)	Employer (Optional	n()	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SAN ANTONIO

P.O.Box 12070

SCHEDULE A 1 (FOR FORMS CAOH & SPAC)

L			CITY CLERK		
	The Instruction	ON GUIDE explains how to complete this form.	∆9R -5 P 2:	1 O ^{Total} pages this	report:
2	FILER NAME Enrique Mar			3 ACCOUNT # 00051464	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/08/2001	6 Contributor address; City; State; Zip Code 3537 Asbury St.		750.00	 - -
		Dallas TX 78205			1
9	Principal occup	pation (Optional)	10 Employer (Option	al)	4.0
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2001	Contributor address; City; State; Zip Code 235 W. Kings Hwy		1000.00	[[]
		San Antonio TX 78212			1
	Principal occup	pation (Optional)	Employer (Option	al)	er-se
	Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/20/2001	Contributor address; City; State; Zip Code 422 Fitch		100.00	
		San Antonio TX 78214			<u> </u>
	Principal occup	eation (Optional)	Employer (Option	ai)	
	Date	Full name of contributor out-of-state PAC(ID# Raba-Kistner P.A.C.,Inc.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/09/2001	Contributor address; City; State; Zip Code P.O. Box 690286		250.00	
		San Antonio TX 78259			! }
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/09/2001	Contributor address; City; State; Zip Code P.O. Box 690287		250.00	
		San Antonio TX 78269			
	Principal occup	ation (Optional)	Employer (Option	al)	To the second se
	 				

	POLITION OTHER	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	RECEIVED OF SAN ANT CITY OF ERK	ONIO	SCHEDULE A 1 (FOR FORMS COH & SPAC)
	The Instruction	ON GUIDE explains how to complete this form.	1 APR -5 P	1 Total pages this 2: 4 0 6/1	
2	FILER NAME Enrique Mar	:		3 ACCOUNT # 00051464	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/25/2001	6 Contributor address; City; State; Zip Code 14007 Bluff Manor Dr.		100.00	
		San Antonio TX 78216			i
9	Principal occup	pation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/08/2001	Contributor address; City; State; Zip Code 5907 Royal Crest	•••••	500.00	!
	- · · · · · · · · · · · · · · · · · · ·	Dallas TX 78205			1
	Principal occup	pation (Optional)	Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/25/2001	Contributor address; City; State; Zip Code 1011 N. Frio St.		100.00	
		San Antonio TX 78207			,
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/25/2001	Contributor address; City; State; Zip Code 2 Inwood Knoll		100.00	i i i
		San Antonio TX 78248			
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/09/2001	Contributor address; City; State; Zip Code 900 Isom Rd.,Suite 300		250.00	
		San Antonio TX 78216			!
	Principal occup	ation (Optional)	Employer (Option	al)	**************************************

	POLITION OTHER	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS RECEIVE	<u>.</u>	SCHEDULE A 1 (FOR FORMS C/OH & SPAC)
=			CITY OF SAN A	טואס דא	
	The Instruction	ON GUIDE explains how to complete this form.	01110_2	Total pages this	•
2	FILER NAME Enrique Mar		7001 / PR = 5 F	3 ACCOUNT #	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/16/2001	6 Contributor address; City; State; Zip Code 735 W. Magnolia	• • • • • • • • • • • • • • • • • • • •	1500.00	
		San Antonio TX 78212			İ
9	Principal occup	ation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/21/2001	Contributor address; City; State; Zip Code 1939 N.E. Loop 410,#230		4000.00	!
		San Antonio TX 78217			1
	Principal occup	ation (Optional)	Employer (Options	al)	
	Date	Full name of contributor ul-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/19/2001	Contributor address; City; State; Zip Code 2161 N.W. Military Hwy		500.00	
		San Antonio` TX 78213			İ
	Principal occup	ation (Optional)	Employer (Options	al)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/27/2001	Contributor address; City; State; Zip Code 13155 Keystone Terrace		100.00	
		Miami Beach FL 33181			:
	Principal occupa	ation (Optional)	Employer (Options	al)	
	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2001	Contributor address; City; State; Zip Code 2727 Treble Creek,Apt. 226		500.00	
		San Antonio TX 78250			<u> </u>
	Principal occupa	ation (Optional)	Employer (Optiona	n()	

POLITICAL CONTRIBUTIONS RECEIVED SCHEDULE A 1 OTHER THAN PLEDGES OR LOANS OF SAN ANTONIO (FOR FORMS CHOIL & SPAC)

	The Instructi	ON GUIDE explains how to complete this form.	101 1.28 -5	P 2:	tional pages this	
2	FILER NAME Enrique Ma			3		(Ethics Commission filers)
4	Date	Full name of contributor out-of-state PAC(ID# Brian Weiner) 7 ~		8 In-kind contribution description (if applicable)
	02/25/2001	6 Contributor address; City; State; Zip Code P.O. Box 7608	•••••	• • •	400.00	! !
		San Antonio TX 78207				1 1
9	Principal occup	pation (Optional)	10 Employer (O	ptional)		
		•				
	· · · · · · · · · · · · · · · · · · ·					** <u> </u>

POLITI	ICAL EXPENDITURES		SCHEDULE F
		RECEIVED	
The Instructi	ON GUIDE explains how to complete this form.	OF SAN ANTONIO 1 Total pe CITY CLERK 9/18	iges report:
FILER NAMI Enrique Mai		APR -5 P 2: 41 3 ACCC 00051	OUNT # (Ethics Commission flens)
Date 02/04/2001	5 Payee name 3-D Screen Printing 6 Payee address; City; State; Zip Code		7 Amount (\$) 2295.00
Purpose of ex	TX penditure (See instructions regarding type of	9 Complete if direct expenditure to b	
information red Signs	quired.)	Candidate / Officeholder name	Office sought Office held
Date 02/09/2001	Payee name 3-D Screen Printing Payee address; City; State; Zip Code		Amount (\$) 905.00
Purpose of exinformation rec	TX penditure (See instructions regarding type of	Complete if direct expenditure to b	
Signs	quired.,	Caroloate / Officeroocer name	Office sought Office held
Date 02/03/2001	Payee name Brenda Rios - Catering		Amount (\$) 62.00
	Payee address; City; State; Zip Code TX		
information rec	penditure (See instructions regarding type of quired.) s for campaign workers	Complete if direct expenditure to be Candidate / Officeholder name	enefit C/OH ** Office sought Office held
Date	Payee name		Amount
03/17/2001	Brenda Rios - Catering Payee address; City; State; Zip Code		. (\$)
	тх		
	penditure (See instructions regarding type of	Complete if direct expenditure to be	enefit C/OH ""

POLITICAL EXPENDITURES

SCHEDULE F

		RECEIVED		
The Instruction	ON GUIDE explains how to complete this form.	05 3 1 1 1 1 1 2 4 1 4 4	1 Total pages report: 10/18	
2 FILER NAME Enrique Mar	/13] 1	MPR -5 P 2: 41	3 ACCOUNT # (Ethics Commit 00051464	ision filers)
4 Date 02/09/2001	5 Payee name Bros Printing 6 Payee address; City; State; Zip Co	rde		ount \$) 300.00
	тх			
8 Purpose of expiring information red T-Shirts	penditure (See instructions regarding type of quired.)	9 Complete if direct ex Candidate / Officeholder	penditure to benefit C/OH ** name Office sought (Office held
Date 02/20/2001	Payee name City of San Antonio Payee address; City; State; Zip Co	de :		ount \$) 100.00
Purpose of exp information red Filing Fee	penditure (See instructions regarding type of	Complete if direct ex Candidate / Officeholder	penditure to benefit C/OH •• name Office sought (Office held
Date 01/26/2001	Payee name Elections Support Services Payee address; City; State; Zip Co	de		ount \$) 166.45
Purpose of exp information red Mailout	penditure (See instructions regarding type of quired.)	Complete if direct ex Candidate / Officeholder	penditure to benefit C/OH ** name Office sought C	Office held
Date 02/02/2001	Payee name Elections Support Services Payee address; City; State; Zip Co	de	(ount \$) 216.40
Purpose of exp information red Mailout	benditure (See instructions regarding type of puired.)	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH ** name Office sought C	Office held

POLITI	CAL EXPENDITURES CITY O	ECEIVED F SAN ANTONIO TY CLERK	sci	HEDULE F
The Instruction	ON GUIDE explains how to complete this form.	1-5 P 2:41	1 Total pages report: 11/18	
2 FILER NAME Enrique Mar			3 ACCOUNT # (Entice) 00051464	Commission filers)
4 Date 02/02/2001	5 Payee name Elections Support Services 6 Payee address; City; State; Zip Code		7	Amount (\$) 1892.00
8 Purpose of expinformation recommendation	TX Denditure (See instructions regarding type of puired.)	9 Complete if direct exp Candidate / Officeholder in	nenditure to benefit C/OH *	Office held
Date	Payee name			Amount
03/01/2001	Elections Support Services			(\$) 1929.73
	Payee address; City; State; Zip Code			
Purpose of exp information red Mailout	penditure (See instructions regarding type of unired.)	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH ** name Office sought	Ottice held
Date	Payee name			Amount
02/02/2001	Eller Media			(\$) 2590.75
	Payee address; City; State; Zip Code			2000.70
Purpose of exp information red Signs	TX penditure (See instructions regarding type of juired.)	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH " name Office sought	Office held
Date	Payee name			Amount
02/27/2001	Allen Flores			(\$) 60.00
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		
	тх			
information rec	penditure (See instructions regarding type of uired.) pport services	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH ** name Office sought	Office held

POLITI	CAL EXPENDITURES	RECEIVED OF SAN ANTONIO CITY CLERX	SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		tal pages report: 2/18
2 FILER NAME Enrique Mar	=	3 AC	CCOUNT # (Ethica Commission flers) 0051464
4 Date 01/25/2001	5 Payee name Edward Flores 6 Payee address; City; State; Zip Code		7 Amount (\$) 103.00
information red	penditure (See instructions regarding type of quired.) ervices rendered.	9 Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH *** Office sought Office held
Date 01/13/2001	Payee name Garza's Food Market Payee address; City; State; Zip Code		Amount (\$) 200.00
Purpose of exp information red Refresments	•	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH ** Office sought Office held
Date 01/26/2001	Payee name Horne Depot Payee address; City; State; Zip Code		Amount (\$) 139.01
Purpose of exp information req Materials	penditure (See instructions regarding type of uired.)	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH ** Office sought Office held
Date 02/19/2001	Payee name Home Depot Payee address; City; State; Zip Code TX		Amount (\$) 32.73
Purpose of exp information requ Materials	enditure (See instructions regarding type of uired.)	Complete if direct expenditure of Candidate / Officeholder name	to benefit C/OH ** Office sought Office held

	L EXPENDITURES		
	Pf	RECEIVED TYUF SAN ANTONION Total pages repor	rt:
	UIDE explains how to complete this form.	CITY CLERK 13/18	
he Instruction G		01 APR -5 P 2: 4 00051464	(Ethics Commission filers)
ILER NAME Enrique Martin		7	Amount (\$)
	Payee name		23.18
3/13/2001 6	Home Depot City: State; Zip Code	э	
	TX	9 Complete if direct expenditure to benefit	C/OH
information requ	nditure (See instructions regarding type of red.)	9 Complete it direct expensions Candidate / Officeholder name Offi	ce sought Office held
Materials			Amount
Date	Payee name		(\$) 64.42
03/18/2001	Home Depot		-
03/13/2001	Payee address; City; State; Zip Co	ode ·	
	~~	Ware to hope	fit C/OH ''
	TX	Complete if direct expenditure to bene	outes county Office held
Purpose of ex	- anditura (See Instructions regulating 9)	Candidate / Officeholder name	Office sough.
information re	penditure (See instructions regarding type of puried.)	Candidate / Officeholder name	Office sough
information re- Materials	penditure (See instructions regulating 97 quired.)	Candidate / Officeholder name	
information red Materials	quired.)	Candidate / Officeholder name	Amount (\$)
information red Materials Date	Payee name	Candidate / Officeholder name	Amount
information red Materials	quired.)	Candidate / Officerooder Harro	Amount (\$)
information red Materials Date	Payee name Enrique Martin Payee address; City; State; Zip (Candidate / Officerooder Harro	Amount (\$) 340.00
Date 03/08/2001	Payee name Enrique Martin Payee address; City; State; Zip of TX TX Appenditure (See instructions regarding type of	Candidate / Officerooder Harro	Amount (\$) 340.00
Date 03/08/2001	Payee name Enrique Martin Payee address; City; State; Zip (TX Expenditure (See instructions regarding type of required.)	Candidate / Officerooder Harris Code	Amount (\$) 340.00
Date 03/08/2001	Payee name Enrique Martin Payee address; City; State; Zip of TX TX Appenditure (See instructions regarding type of	Candidate / Officerooder Harris Code	Amount (\$) 340.00 nefit C/OH Office sought Office held
Date 03/08/2001 Purpose of information Reimburse	Payee name Enrique Martin Payee address; City; State; Zip (TX Expenditure (See instructions regarding type of required.)	Candidate / Officerooder Harris Code	Amount (\$) 340.00 neffit C/OH Office sought Office held Amount (\$)
Date 03/08/2001 Purpose of einformation Reimburse	Payee name Enrique Martin Payee address; City; State; Zip of the control of the	Candidate / Officerooder Harris Code	Amount (\$) 340.00 nefit C/OH Office sought Office held
Date 03/08/2001 Purpose of information Reimburse	Payee name Enrique Martin Payee address; City; State; Zip of the control of the	Code Complete if direct expenditure to be Candidate / Officeholder name	Amount (\$) 340.00 neffit C/OH Office sought Office held Amount (\$)
Date 03/08/2001 Purpose of einformation Reimburse	Payee name Enrique Martin Payee address; City; State; Zip of sequired.) Payee name McCoy's Lumber Payee address; City; State; Zip of sequired.)	Code Complete if direct expenditure to be Candidate / Officeholder name	Amount (\$) 340.00 nefit C/OH Office sought Office held Amount (\$) 140.15
Date 03/08/2001 Purpose of einformation Reimburse 02/28/2001	Payee name Enrique Martin Payee address; City; State; Zip (TX expenditure (See instructions regarding type of required.) ement for postage Payee name McCoy's Lumber	Code Complete if direct expenditure to be Candidate / Officeholder name	Amount (\$) 340.00 nefit C/OH Office sought Office held Amount (\$) 140.15

Texas Ethics Commission

POLITI	CAL EXPENDITURES	1	SCHEDULE F
		RECEIVED	
The Instructs	ON GUIDE explains how to complete this form.	CITY CLERK Total pages 14/18	report:
2 FILER NAME Enrique Mar	E 29 tin	101 APR -5 P 2: 4 ACCOUN	T # (Ethics Commission filers)
4 Date	5 Payee name	1	7 Amount
03/07/2001	McCoy's Lumber		(\$) 109.97
	6 Payee address; City; State; Zip Code		
	тх		
8 Purpose of exp information red Materials	penditure (See instructions regarding type of quired.)	9 Complete if direct expenditure to beneficandidate / Officeholder name	fit C/OH ** Office sought Office held
Date	Payee name		Amount
01/30/2001	Munguia Printers		(\$) 654.10
	Payee address; City; State; Zip Code		
	, ayou addition, only, date, ap addit	*	•
	San Antonio TX		
Purpose of exp information red Printing	Denditure (See instructions regarding type of quired.)	Complete if direct expenditure to benef Candidate / Officeholder name	fit C/OH •• Iffice sought Office held
Date	Payee name		Amount
02/02/2001	Munguia Printers		(\$)
0_0_00	Payee address; City; State; Zip Code		192.02
	Tayou addition, Olive, Olive, Elp Code		
	San Antonio TX		
Purpose of exp information red Printing	penditure (See instructions regarding type of	Complete if direct expenditure to benef Candidate / Officeholder name O	it C/OH "" ffice sought Office held
Date	Payee name		Amount
02/27/2001	Munguia Printers		(\$) 1412.11
	Payee address; City; State; Zip Code		1412.11
	•		
	San Antonio TX		
Purpose of exp information req Printing	enditure (See instructions regarding type of uired.)	Complete if direct expenditure to benef Candidate / Officeholder name O	it C/OH ° ° ffice held

1-800-325-8506

Austin, Texas 78711-2070 Texas Ethics Commission **POLITICAL EXPENDITURES** SCHEDULE F RECEIVED CITY OF SAN ANTONIO The Instruction Guide explains how to complete this form. Total pages report: 15/18 ACCOUNT # (Ethics Commission filers) 2 FILER NAME 00051464 **Enrique Martin** Amount Date Payee name 01/24/2001 Munguia Printing 500.00 6 Payee address; City; State; Zip Code San Antonio TX Complete if direct expenditure to benefit C/OH ** Purpose of expenditure (See instructions regarding type of Candidate / Officeholder name Office held information required.) Printing Amount Date Payee name (\$) 02/16/2001 Regino Longoria DJ Depot 75.00 Payee address; City; State; Zip Code, TX Complete if direct expenditure to benefit C/OH ** Purpose of expenditure (See instructions regarding type of Candidate / Officeholder name Office held information required.) DJ Music Amount Date Payee name (\$) 02/20/2001 Regino Longoria DJ Depot 100.00 Payee address; City; State; Zip Code TX Complete if direct expenditure to benefit C/OH "" Purpose of expenditure (See instructions regarding type of Candidate / Officeholder name Office held information required.) DJ Music Amount Date Payee name (\$) 02/04/2001 Southwestern Bell 202.68 Payee address; City; State; Zip Code TX Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH " Candidate / Officeholder name Office held Telephone Services

Texas Ethics Commission

1-800-325-8506

POLITI	CAL EXPENDITURES	RECEIVED ITY OF SAN ANTONIO	SCHEDULE F
The Instruction		1 Total pages 16/18 2: 43 ACCOUN	report:
2 FILER NAME Enrique Mar	_	2: 4 3 ACCOUN 00051464	# (Ethics Commission filers)
4 Date 03/08/2001	5 Payee name Southwestern Bell 6 Payee address; City; State; Zip Code		7 Amount (\$) 408.85
information red	TX Denditure (See instructions regarding type of quired.) s installation fees	9 Complete if direct expenditure to beneficandidate / Officeholder name	fit C/OH ** Office sought Office held
Date 03/08/2001	Payee name Southwestern Bell Payee address; City; State; Zip Code	,	Amount (\$) 327.62
Purpose of exp information red Phone	penditure (See instructions regarding type of	Complete if direct expenditure to beneficandidate / Officeholder name	fit C/OH •• Office sought Office held
Date 01/25/2001	Payee name U.S. Postmaster Payee address; City; State; Zip Code		Amount (\$) 340.00
Purpose of exp information red Postage	penditure (See instructions regarding type of	Complete if direct expenditure to beneficandidate / Officeholder name	fit C/OH "" Office sought Office held
Date	Payee name		Amount (\$)
02/02/2001	U.S. Postmaster Payee address; City; State; Zip Code TX		148.50
Purpose of exp information red Postage	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH "" Office sought Office held

Austin, Texas 78711-2070

Postage			
Date 03/07/2001	Payee name U.S. Postmaster		Amount (\$) 340.00
	Payee address; City; State; Zip Code	3	
	TX		
Purpose of exp	enditure (See instructions regarding type of uired.)	Complete if direct expenditure to benefit C/ Candidate / Officeholder name Office	
Postage	·		_

POLITI	CAL EXPENDITURES		(512)463-5800 SC	HEDULE F
	REC	CEIVED		
The Instruction		AN ANTONIO CLERK	1 Total pages report: 18/18	
2 FILER NAME Enrique Mar		-5 P 2: 41	3 ACCOUNT # (Ethica 00051464	Commission filers)
4 Date 03/21/2001	5 Payee name U.S. Postmaster 6 Payee address; City; State; Zip Code		7	Amount (\$) 340.00
8 Purpose of expinformation records Postage	TX penditure (See instructions regarding type of quired.)	9 Complete if direct e Candidate / Officeholde	expenditure to benefit C/OH * Office sought	Office held
Date 01/24/2001	Payee name Jesse Villela Payee address; City; State; Zip Code			Amount (\$) 210.00
information rec	TX penditure (See instructions regarding type of quired.) prvices rendered.	Complete if direct e Candidate / Officeholds	xpenditure to benefit C/OH * or name Office sought	• Office held
Date 02/20/2001	Payee name Jesse Villela Payee address; City; State; Zip Code			Amount (\$) 150.41
information req	penditure (See instructions regarding type of juired.) ent for materials	Complete if direct ex Candidate / Officeholde	xpenditure to benefit C/OH * or name Office sought	Office held